

**Request form for disclosure, revision,  
suspension of use, or deletion of stored personal data**

Date:     /     /     (MM/DD/YYYY)

9-11, Nihonbashi-Honcho 4-chome, Chuo-ku, Tokyo 103-0023 JAPAN

To: ONO DIGITAL HEALTH INVESTMENT, GK

Individual     Address \_\_\_\_\_  
                  Name    \_\_\_\_\_

                  Phone No.    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Proxy         Address \_\_\_\_\_  
                  Name    \_\_\_\_\_

                  Phone No.    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby make the following request for my personal information held by your company.

I. Request items (Please circle the applicable request items)

- 1 Notification of purpose of use     2 Disclosure  
3 Correction (Including additions and deletions)     4 Suspension of use  
5 Deletion     6 Discontinuation of provision to third parties

II. Information to be disclosed (If you have selected Item 2 of I, please circle the name of your squid. Multiple entries are allowed)

- Information on healthcare professionals and medical/pharmaceutical researchers
- Information on company contact users     • Transaction/contractor information
- Shareholder information     • Applicant information     • Records on provision to third party
- Others \_\_\_\_\_

III. Covered items

- If you have selected Item 3 in I, please enter the following information to clarify the corrected, added, and deleted items.

Personal information before correction, etc. \_\_\_\_\_

New personal information \_\_\_\_\_

- If you have selected Items 1, 4, 5, and 6 in I., please enter the following information to clarify the covered personal information.

Covered personal information \_\_\_\_\_

IV. Reason for request

- If you wish to claim items 4 or 5 in I, please circle one of the following reasons for the claim.

- Personal information is handled outside the scope necessary to achieve the purpose of use.

- Personal information has been obtained by unauthorized means.

- Others ( )

- If you wish to claim 6 in I, please circle one of the following reasons for the claim.

- Personal information is provided to a third party without the consent of the concerned person.

- Others ( )

V. How to answer (Circle your preferred method of response and enter the contact information.)

- Mailing address \_\_\_\_\_

- E-mail address \_\_\_\_\_